Medical and Physical Fitness Standards and Procedures for Police Officer Candidates

May 2016

Municipal Police Training Council

New York State Division of Criminal Justice Services
80 South Swan Street, Albany, New York 12210

www.criminaljustice.ny.gov

PART 6000
MEDICAL AND PHYSICAL FITNESS STANDARDS AND PROCEDURES FOR POLICE OFFICER CANDIDATES

(Statutory Authority: Executive Law sections 837(13) and 840; 42 U.S.C. 12101 *et seq*.)

Section
Definitions
Statement of purpose
Procedures
Post-offer medical review
Reasonable accommodations
Minimum components of the clinical tests
Required medical standards; potentially disqualifying conditions
Physical fitness screening
Essential job functions for entry-level municipal police officers

Section 6000.1 Definitions.

When used in this Part:

(a) The term *council* or *MPTC* shall mean the Municipal Police Training Council.
(b) The term *qualified physician* or *physician* shall mean a medical doctor licensed to practice medicine in the State of New York who has been determined by the appropriate municipal civil service commission to possess the necessary expertise to administer a medical review pursuant to the provisions of this Part, and who has been designated by such commission to administer such review.
(c) The term *qualified practitioner* or *practitioner* shall mean a health-related professional who has been determined by the appropriate municipal civil service commission to possess the necessary expertise to administer a medical review pursuant to the provisions of this Part, and who has been designated by such commission to administer such review.
(d) The term *position* shall refer to the position of an entry-level police officer.
(e) The term *division* shall refer to the Division of Criminal Justice Services.
(f) The term "qualified trainer" shall be an individual who has been determined by the appropriate municipal civil service commission to possess the necessary expertise to administer a physical fitness screening test pursuant to the provisions of this Part, and who has been designated by such commission to administer such test.

Section 6000.2 Statement of purpose.

(a) With the enactment of the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq., into law, the council recognized the need to revise the height, weight, and physical fitness standards for entry-level police officers to ensure that all such standards were job-related, consistent with business necessity, and did not discriminate against qualified persons with disabilities. Over a one-year period, a comprehensive statewide job task analysis of the essential functions of an entry-level police officer was conducted with the participation of over three hundred law enforcement supervisors. A detailed listing of the essential job functions generally common to all police agencies in the State was developed. Based upon that list, a medical advisory group consisting of physicians and other health-related professionals who have examined police officer candidates pursuant to their employment, formulated a list of standards for entry-level police officers, and noted medical conditions which may potentially disqualify a candidate from learning and performing the essential functions of an entry-level police officer. It is important to keep in mind that the job task analysis only identified the essential job functions generally common to all policing. A local police agency may have additional or different essential job functions for its entry-level police officers which are not specifically addressed in the statewide listing.

(b) In accordance with Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000e et seq.), the council also recognized the need to revise the physical fitness screening practice so that the test employed provides an objective, verifiable measure of physical fitness that is properly focused on job-related skills and aptitudes; and provides an accurate assessment of a candidate's physiological capacity to learn and perform the essential job functions of an entry-level police officer. Pursuant to the statewide job task analysis, a battery of physical screening elements was developed, based upon the model formulated by the Cooper Institute for Aerobics Research. The analysis recommended the adoption of such elements for physical fitness screening and determined that such elements do not adversely impact a candidate based upon his/her sex. The physical fitness screening elements of the tests are job-related, consistent with business necessity and do not discriminate against qualified persons. Each of the physical fitness screening elements of the tests were validated and correlated to the performance of essential job functions.

(c) The purpose of this Part is to set forth the essential job functions adopted pursuant to the statewide job task analysis which are generally common among all police agencies, the minimum medical and physical fitness standards for entry-level police officer candidates, and the process for medical review by a qualified physician or a qualified practitioner to examine each candidate and allow such candidate to demonstrate on a case-by-case basis, his/her ability to perform the essential job functions of an entry-level police officer, regardless of the existence of a potentially disqualifying condition.

Section 6000.3 Procedures.

Except as otherwise provided in this Part, all candidates interested in an entry-level police officer position shall undergo a physical fitness screening test conducted in accordance with section 6000.8 of this Part. Candidates who successfully complete the physical fitness screening elements as well as other relevant pre-offer conditions shall undergo a medical review conducted by a qualified physician or practitioner (unless otherwise specified) in accordance with section 6000.4 of this Part. Such medical review shall be conducted only after a conditional offer of employment has been given to the candidate by the local police agency seeking to employ such candidate. All candidates must be found physically able, with or without reasonable accommodations, to perform the essential job functions of an entry-level police officer for the police agency seeking to employ the candidate.

Section 6000.4 Post-offer medical review.

(a) The qualified physician or practitioner shall assess each candidate on a case-by-case basis to determine whether the candidate can, with or without reasonable accommodations, perform the essential functions of an entry-level police officer for the local police agency seeking to employ the candidate.

(b) The examining physician or practitioner shall complete a medical examination form based upon the medical review of the candidate. The existence of a potentially disqualifying condition shall not preclude the qualified physician or practitioner from determining that the candidate is able to perform the essential job functions of an entry-level officer. Nothing herein, however, shall preclude the qualified physician or practitioner from noting the existence of any other potentially disqualifying conditions not specifically set forth in this Part, which, in the opinion of such physician or practitioner, may render the candidate unable to perform the essential functions of an entry-level police officer.

(c) Upon the conclusion of the medical examination, the qualified practitioner or physician shall sign the medical examination form and shall render his/her medical opinion to the employing agency as to whether the candidate can perform the essential functions of an entry-level police officer, noting all relevant medical information. However, in the event that the medical examination reveals the existence of a potentially disqualifying condition, the MPTC strongly recommends that a qualified physician sign the medical examination form (after further review if the initial examination was performed by a qualified practitioner) and render his/her medical opinion to the employing agency as to whether the candidate can perform the essential functions of an entry-level police officer, noting all relevant medical information.

(d) The qualified physician or practitioner shall determine whether in his/her professional judgment each candidate can, with or without reasonable accommodations, perform the essential functions of an entry-level police officer upon the results of the clinical tests as set forth in section 6000.6 of this Part, the medical standards as set forth in section 6000.7

of this Part, the essential job functions for police officer candidates as set forth in section 6000.9 of this Part, and other relevant medical criteria which in the opinion of the qualified physician or practitioner, may be used to base his/her judgment.

(e) Based upon the recommendations of the qualified physician or practitioner, the local police agency wishing to employ the candidate shall render the final decision as to whether the offer of employment shall be revoked.

Section 6000.5 Reasonable Accommodations.

It shall be the affirmative responsibility of each local police agency to assess the type(s) of reasonable accommodations which may be necessary to allow the candidate to perform the essential functions of a police officer candidate for such agency and to provide such necessary reasonable accommodations to a qualified candidate with a disability, provided however, that nothing herein shall be construed to require the provision of reasonable accommodations if doing so will impose an undue hardship on the employing agency or a direct threat to the safety of himself/herself or others.

Section 6000.6 Minimum components of the clinical tests.

The MPTC recommends that the qualified physician or practitioner perform a medical examination which includes a thorough history, a physical examination, and clinical tests, which consist of, but are not limited to, the following components:

(a) urinalysis (Dipstick);

(b) tuberculosis (Mantoux), if indicated from the findings of the history and/or physical examination;

(c) electrocardiogram (ECG) (Resting);

(d) drug screening (Amphetamine; Barbiturates; Cocaine; Methadone; Opiates; Propoxyphene; Methaqualone; Benzodiazepines; Phencyclidine; and Tetra Hydro Cannabinoids); and

(e) chest x-ray examination, if indicated from the findings of the history and/or physical examination.

Section 6000.7 Required medical standards; potentially disqualifying conditions.

The MPTC establishes the following medical standards which shall be used in evaluating whether a candidate can, with or without reasonable accommodations, perform the essential functions of the position. The existence of any one of the following conditions is only to be considered **potentially disqualifying** (*emphasis added).* Each police agency must consider the medical standard to ensure that it is job-related and consistent with business necessity with

respect to their entry-level police officer position. The examining physician or practitioner must determine, based upon his/her medical judgment, whether the existence of such condition renders the candidate unable to perform the essential functions of an entry-level police officer.

(a) *Eyes and vision*. Requires a case-by-case assessment of each candidate to determine if the candidate is able to perform the essential functions of the position. Unless otherwise specified, all testing under this subdivision must be administered by a qualified physician or practitioner.

(1) Visual acuity. For visual acuity, the Snellen test is generally recognized as standard. All candidates should have vision better than or equal to 20/30 in each eye. If a candidate must use corrective lenses (glasses or contacts) in order to satisfy the 20/30 vision standard, then such candidate's uncorrected vision should be no worse than 20/100 in each eye.

(2) Color perception.

(i) For color perception, only the 24-plate edition of the Ishihara Test (1974 or subsequent equivalent edition) should be used. Generally, perception of color should be deemed acceptable if the candidate correctly reads at least 9 or more of the first 13 plates of the 24-plate edition of the Ishihara Test. As described in the test manual, this test should be given under lighting conditions approximating a daylight illuminated room (indirect daylight), and not primarily using tungsten or fluorescent lamps. The MacBeth Easel Lamp or the True Daylight Illuminator (TDI), which meets the standards specified by the International Commission on Illumination, or equivalent may be used.

(ii) If the candidate's color perception is deemed unacceptable through the use of said test, and he/she believes the results to be incorrect, then such individual must be informed that he/she has recourse to additional testing and a facility identified where he/she may, at his or her own expense, take the Farnsworth-Munsell 100 Hue-Test under the following conditions:

(a) The division must be notified in writing, with a copy to the appropriate municipal civil service agency, of the candidate's intention to take the Farnsworth-Munsell 100-Hue Test.

(b) The test must be taken at a hospital, medical center, or an academic ophthalmology center having the proper equipment as hereafter specified and the notice must set forth the name of the institution and the New York State (NYS) licensed optometrist or ophthalmologist who will administer the examination.

(c) Written approval, or under extenuating circumstances, verbal approval, for the taking of said examination must be received from the division by the candidate before the test is administered and the test must be administered within 45 days of the mailing date of the

approval. Such approval shall be granted in every instance provided that the division finds that the hospital, medical center or academic ophthalmology center at which the candidate proposes to be tested has the capability and equipment necessary to perform such test and that the optometrist or ophthalmologist who will administer or interpret the test is properly qualified. In the event that the division finds the facility at which the applicant proposes to be tested is not properly equipped or that the individual who is proposed to administer or interpret the test is unqualified, it shall direct the candidate to a person and/or facility, as conveniently located as practicable, by whom or where such test may be properly administered. Where such an alternate test site is directed, the 45-day period referred to above shall be adjusted or extended to accommodate the candidate's needs and convenience.

(d) If the candidate takes and completes the Farnsworth-Munsell 100-Hue Test, the optometrist or ophthalmologist administering the test shall set forth in writing the results of said test, including the "total error score," the type, nature and degree of any apparent confusion axis, and, if available, the percentile rank of the total error score with reference to the normal population. The optometrist or ophthalmologist shall certify, whether or not the candidate meets the required color perception standards. If upon receipt by the division and by the appropriate municipal civil service agency, the test results demonstrate that the candidate meets said certification, the candidate shall be deemed to have met the color perception requirement.

(iii) The test distance stipulated in the Ishihara instruction manual is 75 cm (approximately 30 inches) which makes this primarily a near vision task. Although no specific distance is stipulated for the Farnsworth-Munsell 100-Hue Test, it is assumed that it would be approximately the same or closer distance than that used for the Ishihara Test since the test boxes must be within easy reaching and viewing distance from the candidate.

(iv) The qualified physician, practitioner, optometrist or ophthalmologist administering the vision test should test at least near visual acuity immediately prior to administration of the Ishihara and Farnsworth-Munsell 100-Hue Tests, respectively, and the visual acuity thresholds noted and reported along with the color vision test scores. The "Rosenbaum Pocket Vision Screener" or equivalent with testing administered under recommended lighting conditions and at approximately 14 inches from the candidate should ensure accurate results.

(v) If the candidate's near visual acuity is within normal limits (Jaeger 2 or

Snellen Equivalent of 20/30), the color vision tests should be performed without correction (glasses). For example, even a mild tint in glasses could distort viewing conditions for the color vision tasks and invalidate the test results.

(vi) If the candidate is further examined by the use of the Farnsworth Munsell 100-Hue Test, said test should be administered under CIE type C (6740) illumination by using a MacBeth Easel Lamp or the True Daylight Illuminator (TDI) or equivalent. The use of non-specific tungsten or fluorescent illumination is not acceptable for this test. If a candidate fails the initial test, he/she should, upon request, be immediately retested and the lower total error score used for the purposes of qualification. A total error score of not more than 124 is deemed acceptable. The use of any lens by a candidate in order to meet the color perception standards is not acceptable.

NOTE: Prior to administration of the Farnsworth-Munsell 100-Hue Test, the optometrist or ophthalmologist may deem it advisable to administer as an adjunct the Farnsworth Panel D-15 Test. This may be done to familiarize the candidate with the procedural task common to both tests, and supplement interpretation of the required Test. The Farnsworth Panel D-15 Test must likewise be given with the illumination specified for the Farnsworth-Munsell 100-Hue Test.

(3) Depth perception. Depth perception shall be sufficient to demonstrate normal stereo depth perception to the correctable standard of 80 ARC seconds.

(4) Peripheral vision.

b) *Ears and hearing*. Requires a case-by-case assessment of each candidate to determine if the candidate is able to perform the essential functions of the position.

(1) Hearing acuity: Hearing levels should be tested from 500 Hertz (Hz) to 6,000 Hz. For purposes of qualification, single hearing levels should not exceed 25 decibels (DB) at either 500, 1,000, or 2,000 Hz nor exceed 30 DB at 3,000 Hz frequencies in each ear. For abnormal testing results between 4,000 and 6,000 Hz frequencies, further refined audiological evaluation is recommended. Unless otherwise specified, the hearing tests are to be administered by a qualified physician or practitioner in an environment and using equipment that meet the current standards (ANSI 1969 or Subsequent Specifications). Any other testing system or conditions are not valid and may not be used.

(2) Recourse testing: If the candidate's pure tone screening test is deemed unacceptable, such candidate may, at his/her own expense, have an audiological examination administered by a NYS licensed audiologist, including: (i) hearing sensitivity; (ii) speech discrimination in quiet; and (iii) speech discrimination in noise. Testing should be performed in a sound treated environment meeting the 1969 ANSI or any subsequent standard. The CID W-22 word lists should be

presented at 50 DB HL via a calibrated speech audiometer through a single speaker stationed at 0 degrees azimuth with the candidate seated at approximately 1 meter (39 inches) from the speaker. Speech (hearing) discrimination testing in a background of broad-band noise should be conducted in the same sound field environment. Again, using a different version of one of the CID W-22 word lists presented at 50 DB HL, a competing noise should be simultaneously presented at 40 DB HL (S/N = +10) through the same speaker (0 degrees azimuth) as the test words or through a separate speaker located at 180 degrees azimuth. The minimal acceptable standard of speech (hearing) discrimination shall be a score no poorer than 90% in quiet and 70% in noise on two of the pre-recorded versions of the CID W-22 word lists. An open-test response format should be utilized with the candidate responding in writing. Hearing Aid Check -- Biological (HAC-B): Use of hearing aids to achieve such standards are permitted as long as they are self-contained and fit within (auricular) or behind or over (post-auricular) the ear. Hearing Aid Check -- Acoustical (HAC-A): Candidates with hearing aids shall, at their own expense, provide evidence from a licensed audiologist, using functional gain or real ear measurements, that such aid(s) meet the stipulated manufacturer's standards.

(3) Perforated Tympanic Membrane.

(4) Acute Otitis Media, Otitis Externa, and Mastoiditis.

(5) Inner/middle/outer ear disorders affecting equilibrium. If the candidate has historically had episodes of vertigo, he/she may require further evaluation.

(c) *Nose, throat and mouth*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.

(1) Loss of sense of smell.

(2) Aphonia, speech loss or speech defects.

(3) Abnormalities of the nose, throat or mouth which interfere with the candidate's breathing or the proper fitting of a gas mask.

(d) *Peripheral vascular system*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.

(1) Hypertension. Resting blood pressure should be less than, or equal to, 140 mmHg systolic and 90 mmHg diastolic on three successive readings.

(2) Peripheral vascular abnormality, including severe and/or symptomatic varicose veins, venous insufficiency, and thrombophlebitis.

(e) *Heart and cardiovascular system*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.

(1) Congenital Heart Disease.
(2) Valvular Heart Disease.
(3) Coronary Heart Disease.
(4) ECG Abnormalities, if associated with organic heart disease, which shall include but not be limited to:
    (i) WPW Syndrome;
    (ii) ST Depression;
    (iii) Right or Left Bundle Branch Blocks;
    (iv) 3 Degree A-V Block;
    (v) Mobitz Type II A-V Blocks;
    (vi) Sinoatrial Block or Sick Sinus Syndrome;
    (vii) Ventricular Extrasystole (Frequent - 20/minute with exercise, 10/minute without exercise);
    (viii) Ventricular Tachycardia;
    (ix) Atrial Fibrillation or Flutter; or
    (x) Symptomatic Supraventricular Tachycardia.
(5) Angina.
(6) Congestive Heart Failure.
(7) Cardiomyopathy.
(8) Pericarditis, Endocarditis, and Myocarditis.
(9) The candidate should have a functional and therapeutic cardiac classification of no greater than NYS Class 1A. (Note: according to the New York Heart Association, Inc., a functional classification of Class 1 refers to patients with cardiac disease, but without resulting limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or anginal pain. A therapeutic classification of Class A refers to patients with cardiac disease whose physical activity need not be restricted in any way.) This determination shall be made clinically or by a cardiac stress test.

f) *Respiratory system*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.
(1) Pulmonary Tuberculosis, if associated with abnormal pulmonary function.
(2) Chronic Bronchitis.
(3) Chronic Obstructive Pulmonary Disease.
(4) Emphysema.
(5) Bronchiectasis and Pneumothorax.
(6) Pneumonectomy.
(7) Acute Mycotic Diseases, including, but not limited to, Coccidioidomycosis and Histoplasmosis.
(8) Acute Pleurisy.

(9) Malignant Diseases.

(g) *Gastrointestinal system*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.

(1) Colitis, including but not limited to Crohn's Disease, Ulcerative Colitis, Irritable Bowel Syndrome (symptomatic or needing medication), and Bacterial Colitis.
(2) Diverticulitis.
(3) Esophageal Disorders, including, but not limited to Esophageal Stricture, Lower Esophageal Ring and Esophageal Spasm.
(4) Pancreatitis.
(5) Gall Bladder Disorders.
(6) Active Peptic Ulcer Disease.
(7) Symptomatic Inguinal, Umbilical, Ventral, Femoral, or Incisional Hernias.
(8) Malignant Disease of the Liver, Gall Bladder, Pancreas, Esophagus, Stomach, Small or Large Bowel, Rectum or Anus.
(9) Gastrointestinal Bleeding.
(10) Active or Chronic Hepatitis.
(11) Cirrhosis of the Liver.

(h) *Genitourinary system*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.

(1) Pregnancy. The qualification of the candidate is dependent upon the stage of the normal pregnancy.
(2) Nephrectomy.
(3) Acute Nephritis.
(4) Nephrotic Syndrome.
(5) Acute Renal/Urinary Calculi.
(6) Renal Transplant.
(7) Renal Failure.
(8) Hydrocele and Varicocele (Symptomatic).
(9) Malignant Diseases of Bladder, Kidney, Ureter, Cervix, Ovaries, Breasts, Prostate, etc.
(10) Active Venereal Diseases.
(11) Urinary Tract Infection.
(12) Polycystic Kidney Disease.
(13) Pelvic Inflammatory Disorders.
(14) Endometriosis.
(15) Inflammatory Disorders, including but not limited to Prostatitis, Orchitis, Epididymitis.

(i) *Endocrine and metabolic systems*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.

(1) Uncontrolled Thyroid Disease.
(2) Diabetes Mellitus.
(3) Adrenal Dysfunction, including but not limited to, Addison's Disease and Cushing's Disease.
(4) Symptomatic Hypoglycemia.
(5) Untreated Thyroid Malignancy.

(j) *Musculoskeletal system*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.

(1) Disorders that limit motor performance.
(2) Cervical Spine or Lumbosacral Fusion.
(3) Degenerative Cervical or Lumbar Disc Disease, if Symptomatic.
(4) Extremity Amputation.
(5) Osteomyelitis.
(6) Muscular Dystrophy.
(7) Loss in motor ability from tendon or nerve injury/surgery, if an area that is related to the candidate's performance of the essential job functions.
(8) Arthritis.
(9) Coordinated Balance.
(10) Symptomatic Herniated Disc.
(11) Spinal Deviations.

k) *Hematopoietic and lymphatic systems*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.

(1) Hematopoietic disorders, including malignancies, including, but not limited to, Sickle Cell Disease and Thalassemia.
(2) Hemophilia.

(l) *Nervous system*. Requires a case-by-case assessment as to the control of the condition and the presence and severity of symptoms and complications to determine if the candidate is able to perform the essential functions of the position.

(1) Seizure Disorder (Petit/Grand Mal). The candidate is expected to have been seizure-free for at least 12 months prior to the date of this examination. In addition, certification may be required from the treating neurologist that there are no restrictions on the candidate related to the performance of the essential functions of the entry-level position.

(2) Cerebral Palsy.
(3) Movement Disorders, including, but not limited to Parkinson's.
(4) Cerebral Aneurysms.
(5) Syncope.
(6) Progressive Neurological Diseases, including, but not limited to, Multiple Sclerosis and Huntington's Chorea.
(7) Peripheral Nerve Disorder, including, but not limited to Polyneuritis, Mononeuritis and Neurofibromatosis.
(8) Narcolepsy.
(9) Cerebral Vascular Accident.
(10) Central Nervous System Infections.

Bottom of page intentionally left blank.

6000.8 Physical fitness screening.

(a) *Procedures.*

(1) The municipal civil service commission shall designate a qualified trainer to administer the physical fitness screening test to determine the underlying physiological capacity of a candidate to learn and perform the essential job functions of an entry-level police officer. Such test shall be administered prior to the making of a conditional offer of employment by the local police agency seeking to employ the candidate and shall be administered to the candidate prior to the post-offer medical examination to be conducted by the qualified physician or practitioner in accordance with section 6000.4 of this Part unless the municipal civil service commission can demonstrate that it could not reasonably conduct such screening test at the pre-offer stage of employment.

(2) Prior to the administration of the test by the qualified trainer, the municipal civil service commission may ask the candidate to assume legal responsibility and release such commission of liability for injuries resulting from any physical or mental disorders. In addition, the commission may furnish such candidate with a description of the physical fitness screening test and require certification from the candidate's physician that he/she is physically capable of participating in the physical fitness screening test. If the commission requests such certification from one candidate, it must request such certification from all candidates.

(3) If a candidate is unable to perform an element of the test, the municipal civil service commission may provide for an alternative element to be substituted, which, in the judgment of such commission, will render a demonstrably valid assessment of the individual's physiological capacity for the particular factor to be measured.

(b) *Elements of the test battery.*

Elements of the test battery to be used for physical fitness screening are described below. Although these elements may not be directly representative of essential job functions to be performed by an entry-level police officer, such elements do measure the candidate's physiological capacity to learn and perform the essential job functions. The minimum scores for employment as an entry-level police officer as set forth below represent the 40th percentile of fitness. If a candidate does not successfully score to the 40th percentile of fitness for each of the elements of the test battery, the candidate shall not be deemed to have successfully completed the physical fitness screening test. Nothing herein shall preclude an administrator of such screening test from substituting an element of the test battery, which such administrator has determined and validated to accurately assess the

candidate's physiological capacity to learn and perform essential job functions. The 1.5 mile run shall only be administered to such individuals who have successfully completed each of the other two elements of the test battery (sit-up and push-up).

Sit-up	Muscular endurance (core body) - The score indicated below is the number of bent-leg sit-ups performed in one minute.
Push-up	Muscular endurance (upper body) - The score below is the number of full body repetitions that a candidate must complete without breaks.
1.5 Mile Run	Cardiovascular capacity - **The (time) score indicated below is calculated in minutes:seconds.**

	Age : Gender	Test		
	Age	Sit Up	Push Up	1.5 Mile Run
Males	20-29	38	29	12:38
	30-39	35	24	12:58
	40-49	29	18	13:50
	50-59	24	13	15:06
	60+	19	10	16:46
Females	20-29	32	15	14:50
	30-39	25	11	15:43
	40-49	20	9	16:31
	50-59	14	N/A	18:18
	60+	6	N/A	20:16

Section 6000.9 Essential job functions for entry-level municipal police officers in New York State.

The following list of essential job functions common to all policing was developed pursuant to the statewide job task analysis of all entry-level police officers. These functions do not define the entire scope of duties relevant to an entry-level police officer, but rather, are those which have been found to be generally essential to all entry-level police officers in all jurisdictions of this State. The employing agency must perform a case-by-case analysis to determine that such functions are job related and consistent with business necessity with respect to their entry-level police officer positions. The essential job functions/tasks are:

(a) *Arrest and detention of suspects*.

- (1) Advise persons of constitutional rights (Miranda Warning).
- (2) Arrest persons pursuant to a warrant.
- (3) Conduct warrantless arrests (nontraffic).
- (4) Inspect vehicle for weapons and/or contraband (e.g., before and after prisoner transport).

(b) *Control civil disorder*.

- (1) Control hostile groups (e.g., demonstrators, rioters).
- (2) Use chemical agents (e.g., tear gas, mace).
- (3) Wear gas mask to use chemical agents.

(c) *Collection and preservation of evidence*.

- (1) Collect evidence and personal property from crime scene.
- (2) Document chain of custody for evidence.
- (3) Protect crime scene until specialized or back-up assistance arrives.
- (4) Record location of physical evidence and fingerprints at scene.
- (5) Secure crime scene.
- (6) Initial/Mark/Label evidence.

(d) *Crime scene search*.

- (1) Determine area of crime scene.
- (2) Search crime scenes for physical evidence.
- (3) Conduct on-the-scene suspect identifications (e.g., show-up or one-on-one suspect identification).

(e) *Vehicle operations*.

- (1) Engage in emergency driving in congested area.
- (2) Engage in high speed pursuit or response driving off road.

(3) Engage in high speed pursuit or response driving on open road.
(4) Operate vehicle in heavy rain.
(5) Operate vehicle on ice covered road in winter months.

(f) *Driving while intoxicated (DWI)/ enforcement*.
(1) Arrest DWI suspects.

(g) *Emergency preparedness/disaster control*.
(1) Determine existence of hazardous materials at scene of wreck (e.g., train, vehicle, etc.).
(2) Evacuate persons from dangerous areas (e.g., fire, chemical accident).
(3) Secure accident and disaster scenes.

(h) *Emergency medical assistance*.
(1) Administer cardio-pulmonary resuscitation (CPR).
(2) Apply basic first aid to control bleeding.
(3) Apply basic first aid to treat for amputations.
(4) Apply basic first aid to treat for choking (e.g., Heimlich method).
(5) Apply basic first aid to treat for convulsions.
(6) Apply basic first aid to treat for diabetic reaction.
(7) Apply basic first aid to treat for heart attack.
(8) Apply basic first aid to treat for seizure.
(9) Apply basic first aid to treat for shock.
(10) Talk with person attempting suicide to get them to stop or delay attempt.
(11) Use protective gear to prevent contact with infectious diseases.
(12) Take mentally deranged person into custody for their own protection.
(13) Use blood-borne pathogen clean-up kit.

(i) *Interview and interrogation*.
(1) Interview victims of sex crimes.
(2) Record confessions in writing.

(j) *Motor vehicle accident prevention*.
(1) Take precautions to prevent additional accidents at accident scene.

(k) *Patrol operations*.
(1) Execute felony motor vehicle stop.
(2) Respond to crime in progress calls.

(l) *Search and seizure*.

(1) Conduct field search of arrested persons.
(2) Conduct frisk or pat down.
(3) Search premises or property in hot pursuit/emergency situations.

(m) *Deadly force*.
(1) Clean and inspect weapons.
(2) Discharge firearm at night.
(3) Discharge firearm at person.
(4) Draw weapon to protect self or third party.
(5) Participate in firearms training.
(6) Secure firearm when off-duty (e.g., home).
(7) Fire weapon in dark environment with flashlight in one hand.

(n) *Response and investigation*.
Respond to and conduct preliminary investigation of events related to:
(1) homicide;
(2) rape;
(3) robbery;
(4) felony assault;
(5) burglary;
(6) arson and bombing/attempts;
(7) weapons/firearms offenses;
(8) sex offenses;
(9) family offense;
(10) domestic violence;
(11) fatal traffic accident;
(12) vehicular homicide;
(13) vehicular assault;
(14) felony traffic crime;
(15) firearm accidents;
(16) suicide;
(17) death/bodies found; or
(18) disaster.

(o) *Use of physical force*.
(1) Break up fights between two or more persons.
(2) Carry by yourself an immobile child.
(3) Pull person out of a vehicle to effect rescue.
(4) Subdue physically attacking person.

(5) Use weaponless defense tactics.
(6) Subdue person resisting arrest.
(7) Disarm violent armed suspect.
(8) Pull person out of vehicle who is resisting arrest.
(9) Search for a person in a darkened building or environment.
(10) Strike person with baton.

Download this at: http://www.criminaljustice.ny.gov/ops/docs/registry/policeapptsmed.pdf